R³**AP** REGIONAL RAPID RESPONSE ASSISTANCE PROGRAM

ICF/IID – Facility User Guide

You can access the ICF Module by accessing the ODH COVID-19 Care Portal at <u>https://covidcare.age.ohio.gov/</u>

Ohio Department of Aging	COVID-19 Care Cente
	Login
User Nam	
Password	
@ Ar	uestions? Click here
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In order to use the R3AP System, you can log in by going to the Ohio Department of Aging's COVID-19 Care Center Portal at <u>https://covidcare.age.ohio.gov/</u>. Each intermediate care facility should have received two emails from the Ohio Department of Aging with your username and password for portal access. These instructions were sent to the person identified as the facility contact in the DODD Provider Portal. Each facility will have its own unique username and password. If your facility did not receive these emails, please contact the Ohio Department of Aging at 1-855-R3AP-ODA (1-855-732-7632). Once you have your credentials, enter your username and password, and click "Log-In".



Once you are logged in, you will be taken to the Main Menu screen. On this screen, you should see your facility name and number in the upper right-hand corner. If you operate multiple facilities, please make sure to verify that you are logged in under the correct facility.

Next, you will see a red box on the left side of the Main Menu screen. This box will show you the status of any previous Crisis Response Staffing requests that have been submitted for this facility.

You will also see a green box in the center of the Main Menu screen. This box is a link to your Facility Profile. Please click on this box and verify that the information in your Facility Profile is accurate. This is very important!

ome to COVID-19 Care Center			Ð La
Facility Profile			Main Menu
Ohio License Profile Information 🛈		Last updated: Jan, 01 0001 00:00:00	> Facility Profile
Facility #	MPN #	Facility Name	Crisis Staffing Req
Facility Address	Facility City MASON	Facility County WARREN	Crisis Staffing Req
Facility Zip 45040	Facility Phone	Facility Fax	
Facility Type ICF	Email Address		
Current Census Information:		~	
Doint of Contact Information:			

Once you open the Facility Profile, you will see all your demographic info. Please verify that it is accurate. If not, you will need to log into your account on the DODD Provider Portal and update your demographic information.

You can also click on the drop-down arrows to the right of the words "Current Census Information" and "Current Contact Information".

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Staff Total	Staff Vaccinated		
0	0		
Staff Unvaccinated	Staff Vaccinated Percentage	0/	
0	U	~~	
Resident Census: Total Occupied Beds	Residents Vaccinated		
0	0		
Residents Unvaccinated	Residents Vaccinated Percentage		Total Lic: Bed Count
0	0	%	02

The "Current Census Information" section is blank and is not required, but the information may be useful in helping the strike team understand your current situation.

Point of Contac	et Information:							^	
First Name	Last Name	Phone	Cell	Fax	Email	Roles			
No data									
+•					Items p	er page: 5 💌 () of 0 <	>	
				By checking the	his box, you have ve	erified your Facility Pr	ofile. CRe	set	

The "Current Contact Information" is a required field. You MUST enter a contact person into this section before you will be able to proceed with your crisis staffing request. The person entered into this field MUST be the facility DON, Facility Administrator, Agency CEO, or Director of Operations.

In order to enter a contact person in this section, click on the



Facility Address	Pacinty Gity MASON		Pacility County WARREN		
Facility Zip 45040	Facility Phone		Facility Fax		
Facility Type ICF	Email Address			_	
	▲ Add New Contact				
Current Census Information:	First Name		Last Name		~
	Max 60 characters	0/60	Max 60 characters	0/60	
oint of Contact Information:	Phone		Cell		~
	Max 10 characters	0/10	Max 10 characters	0/10	
First Name Last Name Phone	Secure Fax		E-mail		
No data	Max 10 characters	0/10	Max 60 characters	0/60	
	Roles				
**	Director of Nursing				< >
	Facility Admin				
	Executive Director/DOO				
					CReset
		Sava	Close		
		Jave			
	🚱 An	y questi	ons? Click here		
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When you click on the icon, a new box will open allowing you to enter the contact person's information. Click on the Save box at the bottom to save the contact person's information. You may add multiple contacts by repeating this step if necessary.

Eacility Zin			Eacility Phone					
45040			Pacility Phone			Facility Fax		
Facility Type			Email Address					
ICF								
Ourset Ourse	Information .							
Current Census	s information:						~	
Point of Contac	t Information:						^	
First Name	Last Name	Phone	Cell	Fax	Email	Roles		
JANE	DOE	(614) 555 5555	(614) 222 2222	(614) 333 3333	JANE.DOE@FA	CILITY.COM Facility Admin	:	
+2					Items	er page: 5 💌 1-1 of	1 < >	
			ſ	By checking t	his box you bay	verified your Facility Profi		
			l				CReset	

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After you have completed this section, you must click the box at the bottom to verify the accuracy of the Facility Profile.

	MASON	WARREN	
Facility Zip 45040	Facility Phone	Facility Fax	
Facility Type ICF	Email Address		
Current Census Information:			~
Point of Contact Information:	•	Success	^
First Name Last Name Phone	Cell Fax ^{Fa}	cility updated Roles	
JANE DOE (614) 555	5555 (614) 222 2222 (614) 333 3	Ok	• • • • • • • • • • • • • • • • • • •
	By checking this	box, you have verified your Facility Profile	c. CReset
	🚱 Any que	stions? Click here	
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After doing so, you will get a pop-up confirming that the facility information has been updated. Click "Ok" to proceed.

Ohio Depart	rtment of	COVID-19 Care Center	MASON, 45040
Welcome to COVID-19 Care	Center		Ð Log Off
Main Menu Facility Profile Vour Facility Profile is up to du Crisis Staffing Request	COVID-19 Care Portal Profile	2 Updated On Mar, 23 2022 12:12:14	Main Menu Facility Profile Crisis Staffing Request Crisis Staffing Request F
		Any questions? Click here	
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This will take you back to the Main Menu where you can proceed with the crisis staffing request by clicking on the "Crisis Staffing Response" link on the right side of the screen.



This will take you to the crisis staffing response request page. You must, under the Pre-Submission Considerations, read, review, and attest that your facility has followed the DODD Regional Residential Crisis Support process by looking within your current organization for resources, contacted the local county board for access to support and resources, and engaged with the DODD Provider Resources and Support team prior to submitting your request. Many of the statements in this section provide links to valuable resources that you may find beneficial in addressing your current staffing needs. You must mark each action you have taken and verify that you have utilized the attached resources to try to meet your needs.

	Your facility has evaluated and confirmed it is offering competitive wages and staff benefits; has implemented bonuses (e.g. performance, one
	time, longevity, retention), is supporting flexible scheduling and other workforce engagement techniques.
CD	Crisis Staffing Guidance Implemented
	Facility has fully implemented current CDC crisis staffing guidance (CDC Staffing Guidance Link); including In a crisis staffing situation, the facility has created a COVID-19 unit utilizing asymptomatic staff to provide necessary services
Loc	al Resources
	Your facility has reached out to the County Board of Developmental Disabilities to explore available local resources CB Provider Support Liaisons
Plea	ise describe all other options that your facility has explored:
	Specify
	<i>"</i>
	My facility's current COVID Care Center profile is accurate
	My facility has made all reasonable efforts to implement the pre-submission considerations; AND 1 need to submit a Crisis
	Staffing Request (CSR) at this time
Crisis	Staffing Request
0.5	
+9 Reque	st history

Once you have answered the Pre-Submission Consideration statements, you must click the box that states you have verified your Facility Profile and the box that attests that you have made all reasonable efforts to implement the pre-submission considerations before you can proceed.

Ohio	Departme Aging	ent of	COVID-19 Care Center	MASC	DN, 45040
Welcome to COVI	ID-19 Care Cente				➔ Log Off
Crisis Staff	fing Request			Main Me	nu
Er Pre	e-Submission Cor	siderations 🧭		Facility P	rofile
				> Crisis St	taffing Reques
🔓 Cri	isis Staffing Requ	est		Crisis Sta	affing Request I
In order t	to adquately assess	your request please provide the following details specific t	o your facility:		
0	Yes O No	Are you in outbreak status?			
		Resident:			
		What % of Residents are currently in isolation for Co	DVID?		
		Positive Cases in last 5 days?			
		Pending Cases?			
		Staff:			

Once you have clicked the two required attestation boxes, you can then move on to the next section, which will automatically open for you. In this section, you are going to answer the questions to describe your current situation and what staffing assistance you need to address your staffing crisis.

	What % of your clinical and dietary staff are currently excluded from working?		
		# positive Cases	Est return to work date
	Nurse Positive Cases in last 5 days?		
	DSP positive cases in last 5 days?		
	Therapy positive cases in last 5 days?		
	Other staff positive cases in last 5 days?		
Yes No Over the past 2 Adminster me	Have you stopped admitting new residents? 4 hours have you had concerns that your facility may be unable to (ch idications	eck all that apply):	
Provide basic Assess and m	Active Treatement needs including supervision levels, personal care assistance nonitor change in condition	and appropriate dieta	iry services.
	ng and incontinence care		
Provide toileti			

You must answer each question in order to proceed.

1100	de additional information i	alative to your statting crisis.					
Add	titional information	endive to your stanning crisis.					h
0	/es ONO Implen /es ONO Are me	nent Behavioral Support dications passed by an RN or I	PN in this facility	1?			
D	efine the critical strike tean	n positions needed:					
	Role	Shift		Hours		Days	
	STNA/DSP	Select shift	From	-	To 💌	Days	• •
	RN						
0	Other-Dietary	part of a corporation or chai	n? If yes, corpora	ite or cha	in name?		
Ļ	Other-Universal Worker	anne of Corporation:					
	Po	oint of Contact					
	P	pint of Contact Phone Number:					

The most important part of this section is the section that asks you to define the critical strike team positions needed. Here you can select the type of staffing position you need filled: RN, LPN, DSP/STNA, Dietary, or Universal Worker.

Once you select the type of staff position needed, you will identify the shift, hours, and number of days needed. The maximum number of days for a strike team assignment is five days. You must do one entry for each strike team member needed. You can add additional strike team positions to your request by clicking on the plus icon.

Crisis Staffing Po	Primary Eacility Point of Contact for	Crisis Staffing	
	Name *	Email *	
	Role *	Cell Phone *	
	Secondary Facility Point of Contact	for Crisis Staffing	
	Name *	Email *	
	Role *	Cell Phone *	

The "Crisis Staffing Points of Contacts" section is REQUIRED. You will not be able to submit your request without filling out this section with the names and contact details of two people associated with the facility who can respond to calls from DODD or ODA as they are setting up the crisis staffing assignment.

Crisis Staffing	Points of Contact:		
	Primary Facility Point of Conta	act for Crisis Staffing	
	Name * Ann Brown	Email* ann.brown@ann.com	
	Role " boss	Coll Phone * (111) 111 - 1111	
	Secondary Facility Point of C	ontact for Crisis Staffing	
	Nerne * Ann Smith	Success	
	Raie * bosx	Request created successfully !	
		Request in • 1455	
		Submit	
Request histo	əry		~
		Any guestions? Click here	
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Once you click on Submit, you will get a pop-up verifying that your crisis staffing request has successfully been submitted. This will also trigger emails from the system notifying you of the status of your crisis staffing request. These will go to the email address identified for the Crisis Staffing Points of Contact.

	epartment ging	of	COVID-19 Care Center		MASON, 45040
Welcome to COVID-19) Care Center				🔁 Log Off
Main Menu Facility Profile Vour Facility Profile is u Crisis Staffing Request Type Status Submitted Status Submitted	up to date.	COVID-19 Care Portal Profile Updated On Mar, 23 20	22 12:12:14	>	Main Menu Facility Profile Crisis Staffing Request Crisis Staffing Request F
		😧 Any que	estions? Click here		
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You will automatically be sent back to the Main Menu screen where you will now see on the left side, your current crisis staffing request and the status of that request. You can also click on the link on the right side of the page called "Crisis Staffing Request History", to see the status of the current and any previous requests.

O	hio Department of Aging			COVID-19 Care Center				MASON, 45040		
Welco	ome to COVI	D-19 Care Cen	iter							금 Log Off
	Crisis Stat	ffing Request H Type STAFFING esh	History Requester BROOKSIDE	Status PENDING	Submitted by 8310018	Submitted on Mar 23, 2022	Completed by Items per page: 5	Completed by ▼ 1-1 of 1 〈	< >	Main Menu Facility Profile Crisis Staffing Request Crisis Staffing Request
	Any questions? Click here									
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You can also click on the link on the right side of the page called "Crisis Staffing Request History", to see the status of the current and any previous requests. Once your crisis staffing request has been sent in, you need to be monitoring your email and your phone for correspondence related to your request. These notifications will inform you of the status of your request, whether your request has been approved, what vendor will be assigned to your request, and will be used to contact you to set up the Initiation Briefing Meeting where you will meet with a representative of the vendor and DODD to coordinate the strike team arrival. Finally, facilities should be aware that a DODD staff person will be reaching out to the identified facility contact at least once each day during a strike team assignment to ensure that the facility is actively working towards a solution to the staffing crisis and that the strike team services are occurring and meeting the identified needs of the facility.

Thank you and questions about this process may be directed to Ann Weisent, DODD Provider Resources and Support Manager at <u>ann.weisent@dodd.ohio.gov</u>.